

## **Exhibit A**

### **Arrest and Booking Documents**

1/14/2005 08:25:52

## INMATE RELEASE SHEET

PAGE

BOOKING NO: 050002956

INMATE NAME: BELL VICTOR WAYNE

ALIAS:

ALIAS:

ADDRESS: 155 LEE RD 213 LOT 2

CITY/ST/ZIP: PHENIX CITY, AL 36870

HOME PHONE: 706-330-2765

DOB: 06/09/1959 AGE: 46

PLCE BIRTH: PHENIX CITY

STATE: AL

M. STATUS:

RELIGION: BAPTIST

GANG ASSOC:

CARS/TATTOOS: TAT OF GIRL ON RIGHT ARM

NOWN ENEMIES: NONE CLAIMED

REMARKS:

## ----- NEXT OF KIN -----

NEXT OF KIN: TERRI BELL

RELATIONSHIP: DAUGHTER

ADDRESS: 155 LEE RD 213 LOT 2

PHONE: 706-330-1965

CITY/ST/ZIP: PHENIX CITY, AL 36870

REMARKS:

## ----- EMPLOYER INFO -----

EMPLOYED: N

MPLOYER NAME: N

ADDRESS: N

CITY/ST/ZIP: ,

PHONE: 000-000-0000

## ----- MEDICAL -----

HANDICAPPED: N NEEDS: N

GLASSES: Y SMOKE: Y

MEDICAL NEEDS: Y NEEDS: BACK

PHYSICIAN: DR SCHERODO

PHONE: 000-000-0000

REMARKS:

REMARKS:

REMARKS:

## ----- PROPERTY -----

CASH: \$172.00

DESCRIPTION:

D. PROPERTY: BELT WATCH

D. PROPERTY:

D. PROPERTY:

BIN NUMBER:

IMPOUNDED:

IMPOUND LOT:

REMARKS:

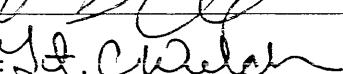
REMARKS:

===== HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL FORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

MATE: X 

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

OK OFFICER: 

DATE: 11-14-05

TIME: \_\_\_\_\_

11/14/2005 08:25:52 EDD COUNTY SHERIFF'S OFFICE INMATE RELEASE SHEET PAGE  
 ======  
 BOOKING NO: 050002956 INMATE NAME: BELL VICTOR WAYNE  
 ======  
 COURT: ATTORNEY ON REC:  
 JUDGE: PHONE: 000-000-0000  
 REMARKS:  
 REMARKS:  
 -----  
 BOOK DATE: 06/26/2005 BOOK TIME: 10:00 BOOK TYPE: NORMAL  
 ARREST DATE: 02/28/2005 BOOKING OFFICER: AUSBY  
 ARREST DEPT: LCSO CELL ASSIGNMENT:  
 ARRST OFFICER: J TAYLOR MEAL CODE: 02 STATE  
 PROJ. RLSDATE: 00/00/0000 FACILITY: 01 COUNTY JAIL  
 SEARCH OFFCR: FRAZIER CLASSIFICATION:  
 TYPE SEARCH: PAT WORK RELEASE: N  
 INTOX RESULTS:  
 HOLDS: Y  
 AGENCY: DOC 8-12-05 REASON:  
 AGENCY: REASON:  
 AGENCY: REASON:  
 AGENCY: REASON:  
 NOTES:  
 NOTES:  
 NOTES:  
 ======  
 RELEASE DATE: 11/14/2005 RELEASE TIME: 08:25 # DAYS SERVED: 142  
 RELEASE OFFICER: INGRAM  
 RELEASE TYPE: RELEASED TO KILBY  
 REMARKS:  
 REMARKS:  
 REMARKS:  
 ======  
 HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL  
 INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.  
 INMATE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 OK OFFICER: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

---- COUNTY JAILER'S OFFICE ----  
INMATE CHARGE SHEET

		PAGE
11/14/2005	08:25:52	
BOOKING NO:	050002956	INMATE NAME: BELL VICTOR WAYNE
CHARGE NO:	1	DISPOSITION: SENTENCED
		HOLD: N
ALA STATUTE:	CC05-349.01	# OF COUNTS: 1
OFFENSE:	BURGLARY III/16 YEARS	WARRANT #:
CASE #:	CC05-349.01	
BOND AMT:		FINE: \$0.00
BAIL AMT:		
INIT APPEAR:	00/00/0000	SENTENCE DATE: 00/00/0000
RELEASE DTE:	00/00/0000	
ARREST DATE:	02/28/2005	ARST AGENCY: LCSO
ARST OFFICR:	J TAYLOR	COUNTY: LEE
COURT:	CIRCUIT	JUDGE: WALKER
DEF ATTORNY:		DIST ATTORNEY:
COMMENTS:		
COMMENTS:	PROBATION DENIED 09-06-05	
COMMENTS:		
-----		
CHARGE NO:	2	DISPOSITION: DROPPED
		HOLD: N
ALA STATUTE:	CC05-362	# OF COUNTS: 2
OFFENSE:	THEFT 1/NOL PROSSED	WARRANT #:
CASE #:	CC05-362	
BOND AMT:		FINE: \$0.00
BAIL AMT:		
NIT APPEAR:	00/00/0000	SENTENCE DATE: 00/00/0000
RELEASE DTE:	00/00/0000	
RREST DATE:	02/28/2005	ARST AGENCY: LCSO
RST OFFICR:	J TAYLOR	COUNTY: LEE
COURT:	CIRCUIT	JUDGE: WALKER
EF ATTORNY:		DIST ATTORNEY:
COMMENTS:		
COMMENTS:		
COMMENTS:		
-----		
CHARGE NO:	3	DISPOSITION: DROPPED
		HOLD: N
LA STATUTE:	CC05-362	# OF COUNTS: 3
OFFENSE:	THEFT 1/NOL PROSSED	WARRANT #:
CASE #:	CC05-362	
BOND AMT:		FINE: \$0.00
BAIL AMT:		
NIT APPEAR:	00/00/0000	SENTENCE DATE: 00/00/0000
RELEASE DTE:	00/00/0000	
RREST DATE:	02/28/2005	ARST AGENCY: LCSO
RST OFFICR:	J TAYLOR	COUNTY: LEE
COURT:	CIRCUIT	JUDGE: WALKER
EF ATTORNY:		DIST ATTORNEY:
COMMENTS:		
COMMENTS:		
COMMENTS:		

-----

STATE OF ALABAMA  
UNITED JUDICIAL SYSTEM  
COUNTY FORM CC-30

## COMMITTAL TO CUSTODY

CASE NUMBER  
PC 05 349  
ID YR Case I

State of Alabama  
PLAINTIFF,

VS.

Victor Bell

DEFENDANT.

\*  
\*  
\*  
\*  
\*  
\*  
\*

IN THE Lee COURT  
LEE COUNTY, ALABAMA  
CASE NO. PC 05 349.01

The defendant, Victor Bell, is hereby committed to the custody of the Sheriff of Lee County, Alabama for:

Probation Denied - No bonds

Defendant's bond is hereby set at \$ 0.

DONE this the 1st day of Sept, 2005.

  
JUDGE

## **Exhibit B**

## **Request Forms**

Be County Detention Center  
**INMATE REQUEST SLIP**

*E-4*

**LOCATION**

Date 11/10/05

Name Victor Bell

<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Doctor	<input type="checkbox"/> Dentist	<input type="checkbox"/> Time Sheet
<input type="checkbox"/> Special Visit	<input checked="" type="checkbox"/> Personal Problem	<input type="checkbox"/> Other	

Briefly Outline Your Request To Give To Jailor

*Nurse Burke  
 Ma'am I Please have some  
 Tylenol's & some Anti-  
 Acid Tablets -  
 My Backs been killing  
 me lately - Thank you  
 very much  
 E-4 V. Bell*

Do Not Write Below This Line - For Reply Only

*given under D.Bell 2-1*

Approved	Denied	Collect Call
----------	--------	--------------

All Requests Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

Lieutenant

Chief Deputy

Sheriff

Date \_\_\_\_\_ Time received \_\_\_\_\_

CORRECTION OFFICER

FORM: LCS-038 (5/98)

Lee County Detention Center  
**INMATE REQUEST SLIP**

*E-4*

**LOCATION**

Name Victor Bell Date 10/27/05

<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Doctor	<input type="checkbox"/> Dentist	<input type="checkbox"/> Time Sheet
<input type="checkbox"/> Special Visit	<input checked="" type="checkbox"/> Personal Problem	<input type="checkbox"/> Other	

Briefly Outline Your Request. Give To Warden

Request for some  
Tylenol & some  
Anti-Acid Tablets

Do Not Write Below This Line - For Reply Only

Given 10/27/05 D.B.W. 2pm

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Requests Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

Lieutenant

Chief Deputy

Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

FORM: LCS-038 (959)

Lee County Detention Center

**INMATE REQUEST SLIP**

E-4

Name

Victor Bell

Date

10/20/05

LOCATION

 Telephone Call Doctor Dentist Time Sheet Special Visit Personal Problem Other

Briefly Outline Your Request

Give To Jailer

Request for some  
Tylenol's and some  
Anti-Acid tablets  
Please - V. Bell

Do Not Write Below This Line - For Reply On

10/20/05 - And this give  
 Two Tylenol right now  
 Tylenol  
 call 911 to Case # 41A

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Collect Call \_\_\_\_\_

All Requests Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

 Lieutenant Chief Deputy Sheriff

Date \_\_\_\_\_

Time Received \_\_\_\_\_

CORRECTION OFFICER

Lee County Detention Center  
**INMATE REQUEST SLIP**

*S-4*

**LOCATION**

Name Victor Bell Date 10/19/05

- |   |  |                                  |                                     |
|---|--|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Telephone Call | <input type="checkbox"/> Doctor                      | <input type="checkbox"/> Dentist | <input type="checkbox"/> Time Sheet |
| <input type="checkbox"/> Special Visit  | <input checked="" type="checkbox"/> Personal Problem | <input type="checkbox"/> Other   |                                     |

Briefly Outline Your Request Give To Jailer

Request for Dr. SMC  
for Dennis please  
Victor Bell

Do Not Write Below This Line - For Reply Only

10/19/05 9:00

*your request*

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Requests Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

Lieutenant

Chief Deputy

Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER

FORM LCS-338 (6-89)

*Nurse -*

Lee County Detention Center  
**INMATE REQUEST SLIP**

*E-4*LOCATIONName Victor BellDate 10/14/05 Telephone Call Doctor Dentist Time Sheet Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Warden

*Request for SCME  
 Tylenol's please*

Do Not Write Below This Line - For Reply Only

*10/14/05 - Tye giv*

*In W<sup>o</sup> J*

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

 Lieutenant Chief Deputy Sheriff

Date \_\_\_\_\_

Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

Lee County Detention Cent.  
**INMATE REQUEST SLIP**

E-4

**LOCATION**

9/23/05

Name

*Victor Bell*

Date

Telephone Call

Doctor

Dentist

Time Sheet

Special Visit

Personal Problem

Other

Briefly Outline Your Request. Give To Jailor.

*Please ask for some  
Tylenol please  
Thank you*

*Victor Bell*

Do Not Write Below This Line - For Reply Only

*09/23/05 - Ty. jin*

*Mrs. Stewart*

Approved _____	Denied _____	Collect Call _____
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All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

Lieutenant

Chief Deputy

Sheriff

Date _____	Time _____	Received _____
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CORRECTION OFFICER

Lee County Detention Center  
**INMATE REQUEST SLIP**

*E-4***LOCATION**

Name

*Victor Bell*

Date

*9/20/05* Telephone Call Doctor Dentist Time Sheet Special Visit Personal Problem OtherBriefly Outline Your Request. *Give To Jail*

*Request for  
some blends  
please*

*V. Bell*

Do Not Write Below This Line - For Reply Only

*9/20/05*

Approved

Denied

Collect Call

All Requests Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

 Lieutenant Chief Deputy Sheriff

Date

Time Received

CORRECTION OFFICER

FORM LCS-038 (6/99)

Lee County Detention Center

**INMATE REQUEST SLIP**

B f-3

Name

Victor Bell

Date

8/15/05

LOCATION

 Telephone Call Doctor Dentist Time Sheet Special Visit Personal Problem Other

Briefly Outline Your Request Give To Jailer

Mrs Burke  
 Will you please let me  
 have my eye glasses - I can't  
 even read the Bible without  
 them - Thank you very much

Victor Bell

Do Not Write Below This Line - For Reply Only

I have not received any new  
 glasses from you. Whether D. Burke is

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

 Lieutenant Chief Deputy Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

FORM LCS-038 (5/93)

*Mrs*

Lee County Detention Center  
**INMATE REQUEST SLIP**

f-3

**LOCATION**

Name Victor Bell Date 8/2/05

<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Doctor	<input type="checkbox"/> Dentist	<input type="checkbox"/> Time Sheet
<input type="checkbox"/> Special Visit	<input checked="" type="checkbox"/> Personal Problem	<input type="checkbox"/> Other	

Briefly Outline Your Request Give To Jailor

Mrs Stewart - first I want  
to thank you for approving  
my fixdent over - also I  
you approve me getting some  
eye glasses brought in this  
week - I can't even read the  
Bible without glasses on  
Thank you very much V. Bell

Do Not Write Below This Line - For Reply Only

Mrs Stewart did not send your fixdent  
I did so from now on just address  
your request to nursing. Your family  
can bring glasses as long as they are  
not wire frames. October 10, 2005

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

 Lieutenant Chief Deputy Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER

FORM: LCS-338 (6-29)

Lee County Detention Center  
**INMATE REQUEST SLIP**

*E-4*

**LOCATION**

Name NICOLE BEULL

Date 9/14/05

Telephone Call

Doctor

Dentist

Time Sheet

Special Visit

Personal Problem

Other

Briefly Outline Your Request, Give To Officer

To the nurse

Request for some

Tylenols please

Thank you

Be well

Do Not Write Below This Line - For Reply Only

9/14/05 - gun

Request

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

Lieutenant

Chief Deputy

Sheriff

Date \_\_\_\_\_

Time Received \_\_\_\_\_

CORRECTION OFFICER

Lee County Detention Center

**INMATE REQUEST SLIP**

f-3

**LOCATION**Name Victor BellDate 8-05

<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Doctor	<input type="checkbox"/> Dentist	<input type="checkbox"/> Time Sheet
<input type="checkbox"/> Special Visit	<input checked="" type="checkbox"/> Personal Problem	<input type="checkbox"/> Other	

Briefly Outline Your Request: Give To Jailer

Nurse Burke  
 Thanks for approving  
 my eye glasses -  
 I may please have  
 them -

Request for eye glasses  
 Victor Bell

Do Not Write Below This Line - For Reply Only

I talk with my family &  
 they sent me new frames. They  
 are going to get me some plastic  
 frames. O.H.L.S. D.Bulger

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

 Lieutenant Chief Deputy Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER

Lee County Detention Center  
**INMATE REQUEST SLIP**

*f-3*  
LOCATION

Name <u>Victor Beck</u>	Date <u>8/6/05</u>		
<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Doctor	<input type="checkbox"/> Dentist	<input type="checkbox"/> Time Sheet
<input type="checkbox"/> Special Visit	<input checked="" type="checkbox"/> Personal Problem	<input type="checkbox"/> Other	

Briefly Outline Your Request Give To Jailer	
<u>Nurse Stewart</u> <u>Request for some</u> <u>Tylenols please</u> <u>Thanks</u>	

Do Not Write Below This Line - For Reply Only

9/7/05 - given

Sheriff

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through Those The Request Is Directed. The Sergeant Over The Jail, Then Forwarded To

Lieutenant

Chief Deputy

Sheriff

Date \_\_\_\_\_ me Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

FORM: LCS-038 (638)

*Victor Bell*

DeKalb County Detention Center  
**INMATE REQUEST SLIP**

*F-3*  
**LOCATION**

Name

*Victor Bell*

Date

*7/29/05* Telephone Call Doctor Dentist Time Sheet Special Visit Personal Problem Other

Briefly Outline Your Request Give To Jailer

*Nurse Steinert on Blanke  
My friend Dent I patre river  
is in your office - that Mrs  
Steinert and I - May  
I please have it -  
THANK YOU very much*

*X* *Victor Bell*

Do Not Write Below This Line - For Reply Only

*This was sent to you on 7/28/05  
Friday Victor Bell Jr*

Approved _____	Denied _____	Collect Call _____
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All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

 Lieutenant Sheriff

Date _____	Time _____	Chief Deputy _____
------------	------------	--------------------

Received \_\_\_\_\_

CORRECTION OFFICER _____
--------------------------

*Nurse Request*

**INMATE REQUEST SLIP**

f-3

**LOCATION**Name Victor BELLDate 7/24/05 Telephone Call Doctor Dentist Time Sheet Special Visit Personal Problem Other

Briefly Outline Your Request Give To Jailor

*Nurse Request*

If someone brings me a bottle  
 of first test Listerine after  
 will you please drive me  
 getting it.  
 Thank you very much for  
 your time & consideration  
 in this matter - Victor Bell

Do Not Write Below This Line - For Reply Only

*7/25/05 Our Admin. Said This  
 is on your Time sheet  
 if not may have it.*

*Yours truly*

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To  
 Those The Request is Directed.

Sergeant Over The Jail, Then Forwarded To

 Lieutenant Chief Deputy Sheriff

Date \_\_\_\_\_ Time \_\_\_\_\_ Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

FORM LCS-038 (5/98)

Lee County Detention Center

**INMATE REQUEST SLIP**

F-3

**LOCATION**

5-25-05

Name Victor Beck

Date

 Telephone Call Doctor Dentist Time Sheet Special Visit Personal Problem Other

Briefly Outline Your Request Give To Jailor

Mrs Stewart  
 Would you please send  
 me some Tylenol's -  
 some Depak Tablets  
 please -

Thank you  
 very much  
 Victor Beck

Do Not Write Below This Line - For Reply Only

5/25/05 9w-

Mrs Stewart

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Requests Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

 Lieutenant Lieut Deputy Sheriff

Date \_\_\_\_\_ Time \_\_\_\_\_ received \_\_\_\_\_

CORRECTION OFFICER:

FORM: LCS-C38 (6/99)

Lee County Detention Center

**INMATE REQUEST SLIP**

f-3

LOCATIONName Victor Bell Date 5/7/05

<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Doctor	<input type="checkbox"/> Dentist	<input type="checkbox"/> Time Sheet
<input type="checkbox"/> Special Visit	<input type="checkbox"/> Personal Problem	<input checked="" type="checkbox"/> Other	

Briefly Outline Your Request Give To Jailer

Mrs Steinert  
Please have  
some Tylenol's & some  
Anti Acid Tablets

THANK YOU  
Very Much  
Victor Bell

Do Not Write Below This Line - For Reply Only

For Nurse 5/9/05  
5/10/05

Thank You

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Requests Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

 Lieutenant Chief Deputy Sheriff

Date \_\_\_\_\_

Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

FORM: LCS-038 (6/99)

Lee County Detention Cent  
**INMATE REQUEST SLIP**

*A-3*

LOCATION

Name Victor Bell Date 4/29/05

<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Doctor	<input type="checkbox"/> Dentist	<input type="checkbox"/> Time Sheet
<input type="checkbox"/> Special Visit	<input checked="" type="checkbox"/> Personal Problem	<input type="checkbox"/> Other	

Briefly Outline Your Request, Give To Jailer

*Mrs. Stent  
May I please have  
Scile, Tylenals & some  
Anti Acid Tablets -*

*Thank you  
Very much  
Victor Bell*

Do Not Write Below This Line - For Reply Only

*5/1/5 OR T-0 / Lanta  
give my this condition  
can need to see m)*

*✓ Nurse Answer*

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

Lieutenant

Chief Deputy

Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

FORM LCS-038 (6/99)

*To Nurse*

Lee County Detention Center  
**INMATE REQUEST SLIP**

f-3

Name Victor Bell Date 4/27/05 LOCATION f-3

<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Doctor	<input type="checkbox"/> Dentist	<input type="checkbox"/> Time Sheet
<input type="checkbox"/> Special Visit	<input type="checkbox"/> Personal Problem	<input checked="" type="checkbox"/> Other	

Briefly Outline Your Request. Give To Jailer

Mrs Stewart  
Please I please have  
some tylenol's & pepto  
for back & gas -

F-3 THANK YOU  
very much  
Victor Bell

Do Not Write Below This Line - For Reply Only

4/28/5 I Sent abo TO  
You Did you re it?  
If you need more please  
On D a sick call

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

 Lieutenant Chief Deputy Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

FORM: LCS-038 (B98)

*Please*

Lee County Detention Center  
**INMATE REQUEST SLIP**

f-3

**LOCATION**Name Victor Bell Date 4/22/05

- |   |  |   |                                     |
|---|--|---|-------------------------------------|
| <input type="checkbox"/> Telephone Call | <input type="checkbox"/> Doctor                      | <input type="checkbox"/> Dentist          | <input type="checkbox"/> Time Sheet |
| <input type="checkbox"/> Special Visit  | <input checked="" type="checkbox"/> Personal Problem | <input checked="" type="checkbox"/> Other |                                     |

Briefly Outline Your Request. Give To Jailer

Dear Mrs Nurse  
 May I Please Have  
 Some Tylenol's and  
 Anti Acid Tablets —  
 "Rock" Problem  
 And Gas  
 Pepto or  
 Talcum Victor Bell

Do Not Write Below This Line - For Reply Only

4/23/05 GuinMrs Stew

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

 Lieutenant Chief Deputy Sheriff

Date \_\_\_\_\_

Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

FORM: LCS-038 (6/99)

*To  
the  
Nurse*

Lee County Detention Center  
**INMATE REQUEST SLIP**

f-3

**LOCATION**

Name Victor Bell Date 9/21/05

<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Doctor	<input type="checkbox"/> Dentist	<input type="checkbox"/> Time Sheet
<input type="checkbox"/> Special Visit	<input type="checkbox"/> Personal Problem	<input checked="" type="checkbox"/> Other	

Briefly Outline Your Request. Give To Jailer

*Nurse Sewart  
Mail I have some  
morphin & some anti -  
Acid tablets please -*

*Back A - Thank you  
Stomach  
Pain S very much  
V Bell*

Do Not Write Below This Line - For Reply Only

*1/23/05 11:17 AM - given*

*Three days -*

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through  
Those The Request Is Directed.

 Lieutenant Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

FORM: LCS-038 (6/89)

*Please*  
**Lee County Detention Center  
INMATE REQUEST SLIP**

f-3

**LOCATION**

4/18/05

Date

Name Victor Bell

<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Doctor	<input type="checkbox"/> Dentist	<input type="checkbox"/> Time Sheet
<input type="checkbox"/> Special Visit	<input checked="" type="checkbox"/> Person	Problem	<input type="checkbox"/> Other

Briefly Outline Your Request Give To Jailer

Hurse Start  
Mail I please have some  
Anti-Acid tablets and  
some Tylenols too -  
for my back - Also - Is it  
possible for me to exchange  
Matts - Mine is flat - and is  
Killing my back - Thank you very much

Do Not Write Below This Line - For Reply Only

4/20/05 Gus Lee  
Cardinal over that's

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To  
 Those The Request is Directed.

Lieutenant

Chief Deputy

Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

FORM: LCS-036 (6/99)

*KO 9/16/05*

Lee County Detention Cent.  
**INMATE REQUEST SLIP**

*F 3***LOCATION***4/16/05*

Name

*Victoria Bell*

Date

- Telephone Call  
 Special Visit

- Doctor  
 Personal Problem

- Dentist

- Time Sheet

- Other

Briefly Outline Your Request. Give To Warden

*Please Mrs Nurse  
Please have Tylenol & anti-  
nauseant tablets PLEASE  
THANK YOU  
Very much  
Victoria Bell*

Do Not Write Below This Line - For Reply Only

*Two medium antacids quick on board  
D. Bell 4/16/05*

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Collect Call \_\_\_\_\_

All Requests Will Be Routed Through  
Those The Request Is Directed.

The Sergeant Over The Jail, Then Forwarded To

- Lieutenant

- Chief Deputy

- Sheriff

Date \_\_\_\_\_

Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

FORM: LCS-038 (5/99)

*Mrs. N. J. N.*

Lee County Detention Center  
**INMATE REQUEST SLIP**

*f-3***LOCATION***4/13/05*Name Victor Bell

Date

- Telephone Call  
 Special Visit

 Doctor Person Problem Dentist Time Sheet Other

Briefly Outline Your Request. Give To Jailer

*Mrs. N. J. N.  
 Please have  
 some time for my  
 back T-7s giving me  
 problems  
 Thank you  
 very much  
 V-Bell*

Do Not Write Below This Line - For Reply Only

*04/13/05 - 4 T-7s.*

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Collect Call \_\_\_\_\_

All Requests Will Be Routed Through  
 Those The Request is Directed. Lieutenant Chief Deputy Sheriff

Date \_\_\_\_\_

Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

FORM: LCG-008 (5/98)

*The Nurse* Lee County Detention Center

## INMATE REQUEST SLIP

T-3

F-3 4/15/05  
LOCATION

Name Victor Bell Date \_\_\_\_\_

<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Doctor	<input type="checkbox"/> Dentist	<input type="checkbox"/> Time Sheet
<input type="checkbox"/> Special Visit	<input checked="" type="checkbox"/> Person Problem	<input type="checkbox"/> Other	

Briefly Outline Your Request. Give To Jailer

*Mrs Shart  
Would you please let me  
have some Anti-Acid tablets,  
HCl ODS - A SC - SCIRP if needed  
for my back ~  
THANK YOU  
Very Much  
Victor Bell*

Do Not Write Below This Line - For Reply Only

*4/15/05 Zontes/JR*

*7-15-05*

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through Those The Request is Directed.

Lieutenant

Chief Deputy

Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

FORM: LCS-038 (B99)

*Mision  
McCat*

Lee County Detention Center  
**INMATE REQUEST SLIP**

*f-3*

Name Victor Bell Date 4/4/05 LOCATION

<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Doctor	<input type="checkbox"/> Dentist	<input type="checkbox"/> Time Sheet
<input type="checkbox"/> Special Visit	<input checked="" type="checkbox"/> Personal Problem	<input type="checkbox"/> Other	

Briefly Outline Your Request Give To Jailer

*May I PLEASE HAVE SOME  
Tylenol's OR McTran - some  
thing for A Headache-TUE  
had A killer Headache for  
a couple of day's now -  
THank you  
very much  
Victor Bell*

Do Not Write Below This Line - For Reply Only

*4/5/05 Jm*

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

Lieutenant

Chief Deputy

Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

*PAGE  
ONE  
NO*

Lee County Detention Center  
**INMATE REQUEST SLIP**

*f3*

Name <u>Victor Bell</u>	Date <u>4/3/05</u>		
<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Doctor	<input type="checkbox"/> Dentist	<input type="checkbox"/> Time Sheet
<input type="checkbox"/> Special Visit	<input checked="" type="checkbox"/> Personal Problem	<input type="checkbox"/> Other	

Briefly Outline Your Request. Give To Jailer	<i>MAY I PLEASE HAVE A TYLENOL OR SOME ADVICE FOR A KILLER HEADACHE - I'VE HAD TOE SOME DAYS. YOURS</i>
	<i>THANK YOU VERY VERY MUCH V.W. BELL</i>

Do Not Write Below This Line - For Reply Only		
<i>This means sent. If you have headache this bad then you need a sick call &amp; see the doctor for this. Ouchies J. Bunk Sp.</i>		

Approved _____	Denied _____	Collect Call _____
----------------	--------------	--------------------

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

<input type="checkbox"/> Lieutenant	<input type="checkbox"/> Chief Deputy	<input type="checkbox"/> Sheriff
Date _____	Time Received _____	

CORRECTION OFFICER _____	
--------------------------	--

*DW 155*

Lee County Detention Center  
**INMATE REQUEST SLIP**

*f 3***LOCATION**

Name	<u>Victor Bell</u>	Date	<u>4/1/05</u>
<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Doctor	<input type="checkbox"/> Dentist	<input type="checkbox"/> Time Sheet
<input type="checkbox"/> Special Visit	<input checked="" type="checkbox"/> Personal Problem	<input type="checkbox"/> Other	

Briefly Outline Your Request. Give To Jailer

*To the Jailer or who ever  
is in charge -  
I'm having trouble with my  
back - would you please let  
me have something for it.  
Ty/onal - McTarn, Injuring*

*Thank you very much*

Do Not Write Below This Line - For Reply

Only

*V Bell  
two more cont symbols - O. Bunk on*

Approved _____	Denied _____	Collect Call _____
----------------	--------------	--------------------

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request Is Directed.

 Lieutenant Chief Deputy Sheriff

Date _____	Time Received _____
------------	---------------------

CORRECTION OFFICER \_\_\_\_\_

FORM: LCS-038 (5-99)

Lee County Detention Center  
**NMATE REQUEST S<sub>W</sub>IP**

J-3

LOCATION

Name

Victor Bell

Date

3/1/05

 Telephone Call Doctor Dentist Time Sheet Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer

To see Doctor about  
my people bringing me  
my Medication from phone  
call. Al-

Thank you  
very much

Victor Bell

Do Not Write Below This Line

For Reply Only

03/03/05  
0m m)

You will see

unuseable

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Collect Call \_\_\_\_\_

All Requests Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To  
Those The Request is Directed To. Lieutenant Chief Deputy Sheriff

Date \_\_\_\_\_

Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

FORM: LCS-038 (6)

## **Exhibit C**

### **Doctor's Notes**

NOTES	
SST # 423 - 88 - 8990	
<u>NAME</u> <u>Bell, Victor</u>	<u>DOB</u> <u>6/9/51</u> <u>AGE</u> <u>45</u> <u>SEX</u> <u>m</u> <u>RACE</u> <u>W</u>
<u>DRUG ALLERGIES</u> <u>NKAHA</u>	<u>TETANUS</u> _____
<u>NATURE OF PROBLEM OR REQUEST</u> <u>Staph US spider bite</u>	
<u>I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.</u>	

SIGNATURE

\*\*\*\*\*  
HEALTH CARE DOCUMENTATIONSUBJECTIVE:OBJECTIVE: P P P TASSESSMENT:

07/06/05      Lee County Detention Center      Victor Bell      #4238888990  
 This 45 YOWM has a "spider bite" on his left lateral thigh. He has been mashing it and it seems to be getting better.

**Physical Exam:** Alert, no distress, comfortable gait. He shows me a place with induration that is probably 3-4 cm with an open necrotic area about 1 cm.

**Impression:** Possible insect bite with Staph infection.

**Plan:** Septra DS b.i.d. #14. Recheck pm.

PLAN:

REFER TO: PA/PHYSICIAN MENTAL HEALTH DENTAL

SIGNATURE JOHN H MCFARLAND MD TITLE PND DATE 7-6-05 TIME 11:00  
AM8104894  
AL11404 1131

NOTES	
SGT	<u>423 88-8990</u>
NAME	<u>Bell, Victor</u>
DRUG ALLERGIES	<u>P</u>
DOB	<u>6/9/59</u>
AGE	<u>45</u>
SEX	<u>M</u>
RACE	<u>W</u>
TETANUS	
NATURE OF PROBLEM OR REQUEST	<u>C10 multi joint &amp; low back pain</u>
I CONSENT TO BE TREATED BY HEALTH STAFF	FOR THE CONDITION DESCRIBED.

SIGNATURE

03/08/05 Lee County Detention Center

Bell

#42388990

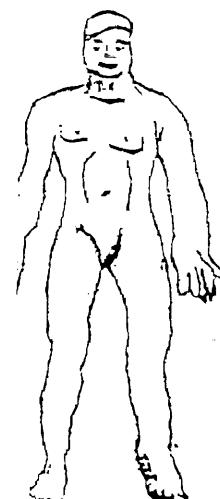
This 45 YOWM has chronic back pain from an injury twenty or more years ago treated by Dr. Serrato in Columbus. He has just been on Lortab 10 or 7.5 for some time. He has been off it for a week now. He has had no problems with abdominal cramps or other GI problems. He says he is doing as well he would expect to in jail. He does have pain in his back. He also has been taking Xanax and Soma.

**Physical Exam:** Alert, comfortable gait observed. ABDOMEN: Soft and nontender.

EXTREMITIES: Straight leg raise negative for pain in the legs and little discomfort observed in the back. BACK: No midline tenderness; no point tenderness. NEURO: Knee jerk symmetrical, 2+ both sides.

**Impression:** Chronic back pain; chronic benzodiazepine and narcotic use.

**Plan:** He seems to be doing fairly well off of the medications other than his expressed discomfort he moves spontaneously and acts comfortable when observed and actually doesn't complain about the sleep disturbance. I told him we would have him follow up with the nurse getting his weight and vital signs rechecked weekly for a couple of weeks and follow up with me in two weeks if he is still having any trouble. I talked to him about options, he is not at all interested in any exercises or physical therapy type rehabilitation. I did review the contents of Dr. Serrato's certified letter to him from 02/22/05 dismissing him from his practice because Mr. Bell having a positive drug screen for amphetamines and cocaine as well as the narcotics and benzodiazepines. He can have the occasional Tylenol pm.



REFERRED TO:

PA/PHYSICIAN

MENTAL HEALTH

DENTAL

SIGNATURE

JOHN HMETANE AND KEL  
AM8104894  
AL11404

TITLE

DATE

3/8/05

TIME

0901

## NOTES

SS# 433-88-8998NAME Bell, Victor DOB 6/9/39 AGE 45 SEX M RACE WDRUG ALLERGIES g TETANUS \_\_\_\_\_NATURE OF PROBLEM OR REQUEST Assessment Multi-PartPlan

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

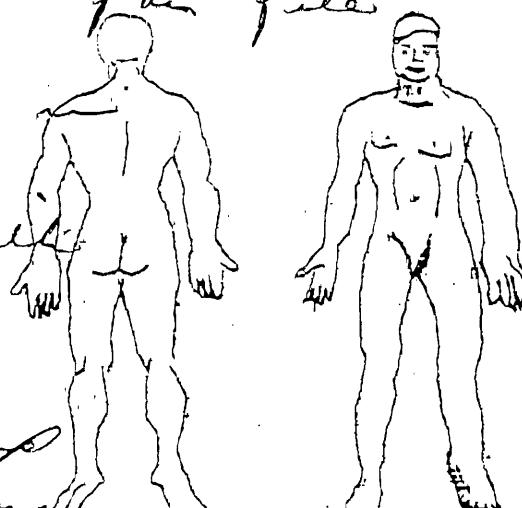
SIGNATURE

\*\*\*\*\*  
HEALTH CARE DOCUMENTATION

## SUBJECTIVE:

OBJECTIVE: BP - P - R - T -

ASSESSMENT: I'm very upset about your e  
 low stat. He is in danger, plan free  
 Some kind can of Dr.  
 L. Serrato stat have much  
 out plan ~ due problems.



PLAN: Refer sign I'm going  
 matre @ bring to see me  
 m) before 18 ✓

REFER TO: PA/PHYSICIAN MENTAL HEALTH DENTAL

TITLE PA DATE 3/3/05 TIME 1410SIGNATURE D. Stewart